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| 7 | 7590 05/20 | | | | | • | , mission |
| David B. Ritchie John P. Schaub Thelen Reid & Priest LLP NIXON PEABODY LLF P.O. Box 640640- 200 Page Mill Roa | | | id, 2nd Flr. | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| APPLICATION NO. | APPLICATION NO. FILING DATE | | FIRST NAMED INVE | | R ATTORNEY DOCKET | | CONFIRMATION NO. |
| 10/632,635 08/01/2003 | | | Jordi Moncada-Elia | | s FOUND-0070 | | 2769 |
| TITLE OF INVENTION: | SYSTEM AND METH | OD FOR ENABLING A | REMOTE INSTANC | CE OF A LOOP AVOID | DANCE I | PROTOCOL | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE I | DUE PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$0 | \$0 | | \$1510 | 08/20/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 5 | | | |
| PHAM, BRENDA H | | 2416 | 370-402000 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NIXON PEABODY LLP John P. Schaub | | | | |
| 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth | | | | ••• | nce is ide | ntified below, the d | locument has been filed for |
| (A) NAME OF ASSIGN | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| FOUNDRY NETWORKS, INC. San Jose, California | | | | | | | |
| Please check the appropria | te assignee category or | categories (will not be pr | rinted on the patent): | ☐ Individual 🖾 C | orporatio | n or other private gro | oup entity Government |
| 4a. The following fec(s) arc submitted: Solution 1 Solution 1 Advance Order - # of Copies | | | ib. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3557 (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Statu | • | • | | o longer claiming SMA | | | |
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| Authorized Signature | 121/ | | | | | | |
| Typed or printed name | John P. Sc | chaub | | Date Jun Registration 1 | No42 | ,125 | |
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